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|---|----------------------------------|---------------------------------------|-----------------------------|-----------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>   |                                  |                                       |                             | Docket No.<br>0054-0294PUS1 |
| Application No.<br>10/537,100-Conf. #1254   | Filing Date<br>June 2, 2005      | Examiner<br>S. K. Li                  | Art Unit<br>2613            |                             |
| Applicant(s): Tomohiro AKIYAMA et al.   |                                  |                                       |                             |                             |
| Invention: OPTICAL CONTROL TYPE MICROWAVE PHASE FORMING DEVICE  |                                  |                                       |                             |                             |
| <b>MS AF</b><br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450  |                                  |                                       |                             |                             |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.   |                                  |                                       |                             |                             |
| <b>CLAIMS AS AMENDED</b>  |                                  |                                       |                             |                             |
|   | Claims Remaining After Amendment | Highest Number Previously Paid        | Number Extra Claims Present | Rate                        |
| Total Claims  | 10                               | - 20 =                                | 0                           | x 52.00 0.00                |
| Independent Claims  | 3                                | - 3 =                                 | 0                           | x 220.00 0.00               |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |                                  |                                       |                             |                             |
| Other fee (please specify):   |                                  |                                       |                             |                             |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00  |                                  |                                       |                             |                             |
| <input checked="" type="checkbox"/> Large Entity  |                                  | <input type="checkbox"/> Small Entity |                             |                             |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.   |                                  |                                       |                             |                             |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.  |                                  |                                       |                             |                             |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.   |                                  |                                       |                             |                             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |                                       |                             |                             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. |                                  |                                       |                             |                             |
| <input checked="" type="checkbox"/> Credit any overpayment.   |                                  |                                       |                             |                             |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  |                                  |                                       |                             |                             |
| <br>Michael K. Mutter<br>Attorney Reg. No.: 29,680  |                                  |                                       | Dated: <u>July 29, 2009</u> |                             |
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